Express Mail Well No. EL 93/06/71505 Attorney Docket No. 054666-0002

COMBINED DECLARATION AND POWER OF ATTORNEY

As a below-named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled Medical Examination and Transcription Method, and Associated Apparatus, the specification of which:

| <u>x</u> is attached hereto. | | | | | |
|--|--|--|-----------------|-----------------|--|
| was filed on amended on | as A _] (if ar | as Application Serial No and wa (if applicable). | | | |
| | | ntering National Phase | | | |
| was filed onand was amended on | as PCT International Application No (if applicable). | | | | |
| I hereby state that I have review including the claims, as amende | | | ntified sp | ecification, | |
| I acknowledge the duty to disclo Code of Federal Regulations, § | | ch is material to patentability | as define | ed in Title 37, | |
| I hereby claim foreign priority by application(s) for patent or inversapplication for patent or inventoriority is claimed. | ntor's certificate list | ted below and have also ident | tified bel | ow any foreigi | |
| Prior Foreign Application(s) | | | <u>Priority</u> | / Claimed | |
| (Number) | (Country) | (Day/Month/Year Filed) | Yes | No | |
| I hereby claim the benefit under application(s) listed below. | Title 35, United St | ates Code, § 119(e) of any Un | nited Stat | tes provisional | |
| (Application Number) | (Filing Date) | | | | |
| | | | | | |

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s)

listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, § 1.56, which became available between the filing date of the prior application and the national or PCT international filing date of this application.

(Application Serial No.) (Filing Date) (Status - patented, pending, abandoned)

I hereby appoint the following attorneys and/or agents to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Daniel H. Golub Registration No. 33,701 Glenn B. Foster Registration No. 32676

Address all telephone calls to <u>Daniel H. Golub</u> at telephone number 215.963.5055.

Address all correspondence to <u>Daniel H. Golub</u>

Morgan, Lewis & Bockius LLP 1701 Market Street Philadelphia, PA 19103-2921

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Inventor's Signature

Full Name of sole or first inventor
Residence:

Residence:

Post Office Address:

Residence:

SAME

Date 12/28/0/.

Ranjan Sachdev

294 Wedgewood Road

Bethlehem, PA 18017

SAME

Post Office Address: SAME
Citizenship: USA

Express Mail bubil No. Es 931061715US

| ATTORNE | Y DOCKET NO | 054666-0 | 0002 | PATENT | | |
|--|--|--|--|--|--|--|
| Applicant or | Patentee: | Ranjan Sachdev | | | | |
| Application of | or Patent No.: | Not Yet Known | | | | |
| For: | Medical Examinat | tion and Transcription | n Method, | | | |
| | and Associated Ap | oparatus | | | | |
| | VERIFIED STATEM | IENT (DECLARATION | I) CLAIMING S | MALL ENTITY | | |
| | STATUS (37 C.F.R. | §§ 1.9(f) and 1.27(c)) | SMALL BUSINI | ESS CONCERN | | |
| I hereby declare | e that I am | | | | | |
| | the owner of the smal | l business concern identi | fied below: | | | |
| × | an official of the small business concern empowered to act on behalf of the concern identified below: | | | | | |
| NAME OF CO | NCERN <u>Exs</u> | cribe, Inc. | | | | |
| ADDRESS OF | CONCERN115 | Research Drive, Bethleh | em, PA 18015 | - Autoba Patri | | |
| | Control of the contro | | | | | |
| 13 C.F.R. §§ 12 41(a) and (b) of affiliates, does a concern is the a or temporary ba when either, din | 21.3-18, and reproduced Title 35, United States not exceed 500 persons. verage over the previous sis during each of the page 100 persons. | in 37 C.F.R. § 1.9(d), for Code, in that the number For purposes of this states is fiscal year of the concernay periods of the fiscal year concern controls or has the | r purposes of paying of employees of the ment, (1) the numbers of the persons ear, and (2) concert | all business concern, as defined in ing reduced fees under Sections the concern, including those of its aber of employees of the business employed on a full-time, part-time rns are affiliates of each other of the other, or a third party or | | |
| | e that rights under contra ed above, with regard to | | reyed to, and rema | ain with, the small business | | |
| Medical Exami | nation and Transcription | Method, and Associated | Apparatus | 1 - Marie 1971 | | |
| by inventor(s)_ | Ranjan Sach | dev | | mag girming a grant of the state of the stat | | |
| described in | | | | | | |
| × | the specification attac | thed hereto. | | | | |
| — □ | - | | filed | | | |
| | patent no | | issued | | | |

If the rights held by the above-identified small business concern are not exclusive, each individual, concern or organization having rights in the invention is listed below and no rights to the invention are held by any person, other than the inventor who would not qualify as an independent inventor under 37 C.F.R. § 1.9(c), if that person made the invention, or by any concern which would not qualify as a small business concern under 37 C.F.R. § 1.9(d) or a nonprofit organization under 37 C.F.R. § 1.9(e).

*NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 C.F.R. § 1.27). NAME ADDRESS _____ ☐ INDIVIDUAL ☐ SMALL BUSINESS CONCERN ☐ NONPROFIT ORGANIZATION NAME _____ ADDRESS _____ ☐ INDIVIDUAL ☐ SMALL BUSINESS CONCERN ☐ NONPROFIT ORGANIZATION I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small business entity is no longer appropriate. (37 C.F.R. § 1.28(b)) I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further, that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed. NAME OF PERSON SIGNING Ranjan Sachdev TITLE ____ President and CEO ADDRESS 294 Wedgewood Road Bethlehem, PA 18017 SIGNATURE Kanjan Sachol Date 12/28/01